



ADVISORY BOARD MEMBERSHIP APPLICATION

Please complete and return to: Janis Housden, Consumer Partnerships Coordinator
jhousden@greatriversbho.org or to PO Box 1447, Chehalis, WA 98532

CONFIDENTIAL: All information will be confidential. Inclusion of personal and other information is requested to comply with nondiscrimination, affirmative action and other state and federal requirements. Disclosure of such information is optional.

NAME: _____ Steven C Clark _____

ADDRESS (Home): _____ 15 South Bank Road Elma WA 98541 _____

ADDRESS (Work): _____ 2690 NE Kresky Chehalis WA _____

E-MAIL ADDRESS:

_____ sclark@vvhc.org _____

Preference in mailings: ☐ Home xx ☒ Work ☐ E-mail ☐ Fax

HOME PHONE: _cell 360.269.7170 _____ **WORK PHONE:**
_360.330.9595 _____ **FAX:** _____

OCCUPATION: _Executive Director Valley View Health Center _____

EDUCATION: _____ BS Finance and Accounting _____

VOLUNTEER EXPERIENCE:

Have you served in a volunteer capacity in any program(s) relating to the following area of human services?

Chemical Dependency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health	xx <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Developmental Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you served on a volunteer board or commission? If yes, please describe:

____ I served on the advisory board of the past RSN Vice Chair was my last position

Have you served in any volunteer capacity (other than noted above)? Please describe:

____ Multiple boards and committees, active in Twin Cities Rotary

CONSUMER EXPERIENCE:

Have you or any member of your immediate family, received services from any of the behavioral health or social services area?

Chemical Dependency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Developmental Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WORK EXPERIENCE:

Do you have paid work experience in any of the above area? If so, please describe:

____ As ED of Valley View we share many of the same clients that fall under the responsibility of Great Rivers.

AFFILIATIONS

Within the past year, have you or a member of your immediate family been employed by, or on the board of directors of, an agency funded, in part, by Cowlitz, Grays Harbor, Lewis, Pacific, or Wahkiakum Counties or Timberlands Regional Support Network? ☐ Yes ☒ No

If yes, agency name: _____

SPECIAL TRAINING:

Have you received special training in any of the listed service areas? ☐ Yes ☒ No

If yes, please describe:

RESIDENCE:

How long have you lived in Cowlitz, Grays Harbor, Lewis, Pacific, or Wahkiakum County? ____13 years

MEETINGS:

Is there any reason you would be unable to attend scheduled meetings? ____ Work responsibilities for Valley View will need to have priority for meetings. The current schedule of second Friday should work in most cases. _____

Would you be willing and able to attend meetings scheduled in addition to the regular board meetings? ☒ Yes ☐ No

ETHNIC INFORMATION (Optional):

- ☒ Caucasian, non-Hispanic
- ☐ Native American, non-Hispanic
- ☐ African American, non-Hispanic
- ☐ Asian/Pacific Islander, non-Hispanic

DISABILITIES YOU PRESENTLY HAVE:

- ☐ Blind, low vision
- ☐ Deaf/Hard of hearing
- ☐ Physical/Mobility
- ☐ Developmental

☐ Other, non-Hispanic
☐ Hispanic

☐ Mental Health

COMMENTS (Optional):

In addition to the above, I wish to add:

Thank you for the opportunity to
serve -

Signature

Date